

THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Rosen et al.

Docket No.: PS735

Application No.: 10/644,807

Confirmation No.: 7993

Filed: August 21, 2003

Art Unit: 1646

For: Antibodies To HQAHD50 Polypeptide (As
Amended Herein)

Examiner: X. Xie

REPLY AND AMENDMENTS UNDER 37 C.F.R. § 1.115

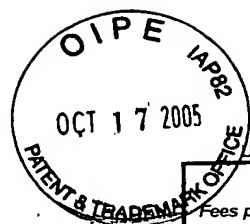
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Restriction Requirement mailed August 16, 2005 (Paper No. 08052005), please enter the following amendments and consider the following remarks and election. Applicants submit concurrently herewith: (a) a Fee Transmittal Sheet (in duplicate), with appropriate fee; (b) a Supplemental ADS to correct inventorship pursuant to 37 C.F.R. §1.48(b) (*Non-provisional application - fewer inventors due to amendment or cancellation of claims*); (c) an Information Disclosure Statement and Form PTO/SB/08; and (d) Petition for 1 month Extension of Time up to and including Monday, October 17, 2005, as October 16th was a Sunday.

- Amendments to the Specification begin on page 2 of this paper.
- Amendments to the Claims begin on page 3 of this paper.
- Remarks begin on page 6 of this paper.

Insertions are shown by underlining. Deletions are shown by ~~strikethrough~~.



PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2005		Application Number	10/644,807-Conf. #7993
		Filing Date	August 21, 2003
		First Named Inventor	Craig A. Rosen
		Examiner Name	X. Xie
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Art Unit	1646	
TOTAL AMOUNT OF PAYMENT	(\$) 0.00	Attorney Docket No.	PS735

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>08-3425</u> Deposit Account Name: <u>Human Genome Sciences, Inc.</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
2. EXCESS CLAIM FEES							Small Entity
Fee Description							Fee (\$) Fee (\$)
Each claim over 20 (including Reissues)							50 25
Each independent claim over 3 (including Reissues)							200 100
Multiple dependent claims							360 180
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
<u>24</u>		<u>- 24 =</u>	<u>_____</u> x <u>_____</u> = <u>_____</u>		Fee (\$) Fee Paid (\$)		
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
<u>1</u>		<u>- 7 =</u>	<u>_____</u> x <u>_____</u> = <u>_____</u>				
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
<u>_____</u>	<u>- 100 =</u>	<u>_____</u> /50	<u>_____</u> (round up to a whole number) x	<u>_____</u>	<u>_____</u>		
4. OTHER FEE(S)							Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): _____							

SUBMITTED BY			
Signature	<u>Doyle A. Siever</u>	Registration No. (Attorney/Agent)	47,088
Name (Print/Type)	Doyle A. Siever	Telephone	(301) 354-3932
		Date	October 17, 2005